

The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Perfusionists
239 Causeway Street, Boston MA 02114
(617) 727-4499
www.state.ma.us/reg/boards/pf

Official Use Only
Reviewed by _____ Date _____
Approved Yes ☐ No ☐
License Number _____

LICENSE APPLICATION
Fee \$151.00

First Name Middle Initial Last Name Other (maiden)

Date of Birth (MM/DD/YY) Social Security Number (mandatory)

Mailing Address

Street or P.O. Box

City State ZIP Code

Daytime Phone Number E-mail Address

Business Address

Name of Institution and Street Address

City State ZIP Code

Education An official transcript from the Perfusionist education program, in a school-sealed envelope, is required. Attach, or have forwarded directly from the school.

Accredited School of Perfusion Location Degree & Date of Graduation

Examination

American Board of Cardiovascular Perfusion certification _____

Date

Official documentation of current CCP certification is required.

Attach a separate page if additional space is required to answer questions 1 - 6.

1. Have you ever been licensed, or are you currently licensed in any other state or U.S. jurisdiction? **Yes** ☐ **No** ☐

If yes, please complete the following

State	License Number	Date Licensed	License Status (current; lapsed; revoked; suspended, etc.

Make arrangements for each state to send an official Record of Standing (sometimes called Certified Statement/License Verification) directly to the MA Board of Perfusionists. It is the applicant's responsibility to request the Record of Standing and to pay any fees required by the issuing state agency. A copy of your license is not an acceptable verification.

2. Has a licensing or certification board located in the United States or any country or foreign jurisdiction taken any disciplinary action against you? **Yes** ☐ **No** ☐
3. Are you the subject of pending disciplinary action by any licensing or certification board located in the United States or any country or foreign jurisdiction? **Yes** ☐ **No** ☐
4. Have you been denied a professional license or certification, or have you voluntarily surrendered or resigned a professional license or certification to a licensing or certification board located in the United States or any country or foreign jurisdiction? **Yes** ☐ **No** ☐
5. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? **Yes** ☐ **No** ☐

If yes, attach a separate narrative describing the circumstances. Attach a copy of the official court document(s) related to the conviction. If a conviction occurred in

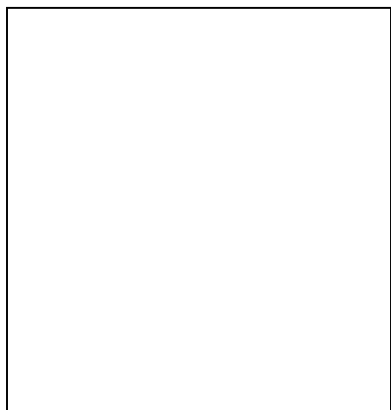
Massachusetts, provide a Criminal Offender Record Information (CORI) report from the MA Criminal History Systems Board.

6. Have you ever been named as a defendant in a malpractice suit? **Yes** ☐ **No**
If yes, please explain

By my signature below, I certify, under the pains and penalty of perjury, that:

1. I am the applicant named in this application and shown in the attached photograph.
2. The information that I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Board of Registration of Perfusionists to deny, suspend or revoke a license to practice as a perfusionist, in accordance with Massachusetts law.
3. I shall abide by the rules and regulations of the Board of Registration of Perfusionists, as contained in the Code of Massachusetts Regulations.
4. Pursuant to M.G.L. c. 110, s. 51A, and M.G.L. c. 119, s. 1A, I understand my obligation to report the abuse or neglect of children.
5. Pursuant to M.G.L. c. 62C, s. 49A, to the best of my knowledge and belief, I have filed all Massachusetts State income tax returns and paid all taxes required by law.

Attach a 2" x 2" passport type color photograph



Applicant's signature (signed in the presence of a Notary Public) On _____
Month/Day/Year

Print Name of Notary Public

Signature of Notary Public

My Commission expires on _____
Date

Enclose a check or Money Order for \$151.00 payable to the Commonwealth of Massachusetts. Send application to:

Board of Registration of Perfusionists

239 Causeway Street

Fifth Floor

Boston, MA 02114